

MINUTES
OPTN/UNOS ETHICS COMMITTEE
May 18, 2006
Conference Call

Margaret R. Allee, R.N., M.S., J.D., Chair
Jeffrey P. Kahn, Ph.D., M.P.H., Vice-Chair

The May 18, 2006, meeting by conference call of the Ethics Committee was called to order by Margaret R. Allee, R.N., M.S., J.D., Chair. Thirteen members of the Committee were in attendance, and a quorum was present at all times unless otherwise indicated.

1. Transplant Tourism. The Committee met to discuss the emerging increase in transplant tourism, in light of recent comment from a transplant professional that appeared in the L.A. Times. Dr. Hippen initially prepared a draft statement for consideration by the Committee in advance of the conference call. Prior to the conference call, several members of the Committee reviewed and submitted comments on a proposed draft, which were incorporated into a proposed statement that was discussed in greater detail by the Committee. For reference, the draft statement presented to the Committee for discussion is included as Exhibit A.

Dr. Hippen was recognized to explain the substance of comments received and the evolution of the proposed draft. A revised definition for transplant tourism was also proposed and discussed offering that transplant tourism “is the practice of traveling to other countries in order to procure an organ in a manner that is illegal in the country of destination.” It was asked whether transplant tourism limitations should restrict only U.S. citizens and whether the term “purchase” should be used in place of the word “procure.” The Committee agreed that procuring an organ in an illegal manner necessarily included an illegal purchase. The Committee agreed that anecdotal evidence suggests that transplant tourism is becoming increasingly common and that it is not merely the treatment option of last resort but rather, a widely available and publicized option available to candidates that likely face ever-lengthening time on the waiting list.

The Committee also discussed the distinctions between “donors” and “vendors” and between “recipients” versus “donees.” The Committee agreed that although “vendor” could be construed as both the individual selling their own organ, or as the person selling someone else’s organ (e.g. the state selling the organ from an executed prisoner), the actual vendor of the organ was not likely to be confused. Likewise, the term “donee” implied the receipt of a gift from a donor without valuable consideration, a transfer of possession that would not be illegal.

Regarding the final paragraph, there were differing opinions as to whether the balance of the paragraph after the first two sentences was necessary for the statement. It was argued that the Committee should acknowledge that the growing disparity between supply and demand of transplantable organs suggests that the current system is failing to meet the needs of transplant candidates. Moreover, median waiting times are increasing leading desperate candidates to try various strategies to obtain an organ for transplant. It was also argued that leaving the balance of the paragraph in place may suggest that since the system is not meeting the needs of candidates, that it is not acceptable but understandable for candidates to seek transplants through

transplant tourism. The Committee agreed to edit the final paragraph, which modifications are included below.

The Committee unanimously approved the following resolution for consideration by the Executive Committee and recommendation for approval by the Board of Directors:

RESOLVED, that the Ethics Committee endorses the following Statement Regarding Transplant Tourism and recommends that the Board of Directors endorse adoption of this statement as the official position of the OPTN/UNOS:

Statement from the OPTN/UNOS Ethics Committee on Transplant Tourism

The disparity between demand for and supply of organs for transplantation occupies the attention of the international transplant community, especially for the recipients whose lives hang in the balance. The plight of those awaiting a transplant has engendered numerous strategies to increase the number of available organs.

Transplant tourism is the purchase of a transplant organ abroad that includes access to an organ while bypassing laws, rules, or processes of any or all countries involved. Transplant tourism remains a refuge for desperate recipients of means, and there is anecdotal evidence that the practice is growing. It is the considered view of the UNOS Ethics Committee that the current practice of transplant tourism is predicated on exploiting the desperation of vendors, recipients and their families. Reports of outcomes from transplant tourism are necessarily anecdotal, given the underground nature of the exchange, but it is pertinent that with few exceptions, [1, 2] the literature on the subject is nearly uniform in reporting adverse consequences for vendors and recipients. [3-11] Brokers of transplant tourism leverage the underground nature of the practice, exploiting the parties involved by obscuring the risks. Transplant tourism typically operates in countries where the rule of law is absent, or incompletely enforced. [9] The practice of transplant tourism, *by design*, manifestly undermines the ethical principle of non-maleficence.

The OPTN/UNOS Ethics Committee condemns the practice of transplant tourism. Furthermore, it is the position of the Ethics Committee that a recommendation from a licensed health care professional to engage in such a practice cannot be defended on ethical or current empirical grounds. However, the committee would be remiss in failing to observe that the practice of transplant tourism might not exist *but for* the growing disparity between the demand for and supply of organs. It is the solemn obligation of the transplant community, not only to publicly condemn the exploitative practices of transplant tourism, but to endorse ethically defensible policies which will ultimately render such practices unnecessary.

1. Reddy, K.C., et al., *Unconventional renal transplantation in India*. Transplant Proc, 1990. **22**(3): p. 910-1.

2. Thiagarajan, C.M., et al., *The practice of unconventional renal transplantation (UCRT) at a single centre in India*. Transplant Proc, 1990. **22**(3): p. 912-4.

3. Chugh, K.S.a.V.J., *Commerce in transplantation in Third World countries*. Kidney Int, 1996. **49**: p. 1181-1186.
4. Ivanovski, N., et al., *Renal transplantation from paid, unrelated donors in India--it is not only unethical, it is also medically unsafe*. Nephrol Dial Transplant, 1997. **12**(9): p. 2028-9.
5. Lawrence, R., *Abuse of live related kidney transplantation*. Nephrol Dial Transplant, 1997. **12**(9): p. 2028.
6. Chugh, K.S. and V. Jha, *Problems and outcomes of living unrelated donor transplants in the developing countries*. Kidney Int, 2000. **57**(s74): p. 131-135.
7. Goyal, M., et al., *Economic and health consequences of selling a kidney in India*. Jama, 2002. **288**(13): p. 1589-93.
8. Higgins, R., et al., *Kidney transplantation in patients travelling from the UK to India or Pakistan*. Nephrol Dial Transplant, 2003. **18**(4): p. 851-2.
9. Jha, V., *Paid transplants in India: the grim reality*. Nephrol Dial Transplant, 2004. **19**(3): p. 541-3.
10. Sever, M.S., et al., *Outcome of living unrelated (commercial) renal transplantation*. Kidney Int, 2001. **60**(4): p. 1477-1483.
11. Zargooshi, J., *Quality of life of Iranian kidney "donors"*. J Urol, 2001. **166**(5): p. 1790-9.

**Attendance at the Ethics Committee Meeting
May 18, 2006
Conference Call**

Committee Members Attending:

Margaret R. Allee, R.N., J.D.	Chair
Alexandra K. Glazier, J.D., M.P.H.	Region 1
Jeffrey Kahn, Ph.D., M.P.H.	Vice Chair
Danny Cavett, Chaplain, MLA	Region 4
Leonard H. Bucklin, JD	Region 5
Timothy L. Pruett, M.D.	Region 11
Ramona L. Doyle, M.D.	At Large
Elmahdi A. Elkhammas, M.D.	At Large
Grace L. Chang, Esq.	At Large
A. Watson Bell, Esq.	At Large
Benjamin E. Hippen, M.D.	At Large
James R. Rodrigue, PhD	At Large
Lainie F. Ross, M.D., Ph.D.	At Large

Committee Members Unable to Attend:

Kevin E. C. Meyers, M.D.	Region 2
Mindy G. Zoll, R.N., CPTC	Region 3
Gary Y. Ott, M.D.	Region 6
Alain Heroux, M.D.	Region 7
Kris A. Zecha, RN, CCTC	Region 8
Leslie A. Neve, R.N., M.B.A.	Region 9
Michael Rees, M.D., Ph.D.	Region 10
Douglas W. Hanto, M.D., PhD	At Large
Mark I. Aeder, M.D	At Large
Nelda L. Gutierrez	At Large
Mark D. Fox, M.D. Ph.D.	At Large, <i>ex officio</i>
Renee Dupee, J.D.	<i>Ex officio</i>
Richard Laeng, MPH	<i>ex officio</i>

Staff Attending:

Jason P. Livingston, Esq.	UNOS
Shelby Harris	UNOS
Sam Perry	UNOS
Steven Miklandrick	UNOS
Laura Christenson	SRTR

DRAFT Statement from the OPTN/UNOS Ethics Committee on Transplant Tourism

The disparity between demand for and supply of organs for transplantation occupies the attention of the international transplant community, to say nothing of the recipients whose lives hang in the balance. The plight of recipients has engendered numerous strategies to increase the number of available organs.

Transplant tourism is the practice of traveling to other countries in order to procure an organ, usually in a fashion that is illegal both under the laws of the recipient's home country as well as the country of destination. Transplant tourism remains a refuge of last resort for desperate recipients of means. It is the considered view of the UNOS Ethics Committee that the current practice of transplant tourism is predicated on exploiting the desperation of vendors and recipients alike. Reports of outcomes from transplant tourism are necessarily anecdotal, given the underground nature of the exchange, but it is pertinent that with few exceptions, [1, 2] the literature on the subject is nearly uniform in reporting adverse consequences for vendors and recipients. [3-11] Brokers of transplant tourism cynically exploit the underground nature of the practice to obscure the risks to all parties involved, and typically operate in countries where the rule of law is absent, or incompletely enforced. [9] The practice of transplant tourism, by design, manifestly undermines the ethical principle of non- maleficence.

The UNOS Ethics Committee condemns the practice of transplant tourism. Furthermore, it is the position of the Ethics Committee that a recommendation from a licensed health care professional to engage in such a practice cannot be defended on ethical or empirical grounds. However, the committee would be remiss in failing to observe that the practice of transplant tourism would not exist but for the growing disparity between the demand for and supply of organs. The flourishing practice of transplant tourism is not merely a scourge; it is also a challenge to the transplant community. For the Committee to simply insist that recipients adhere to the principle of non-maleficence, even at the expense of their own lives, would itself be an act of maleficence. It is the solemn obligation of the transplant community, not only to publicly condemn the exploitative practices of transplant tourism, but to endorse ethically defensible policies which will ultimately render such practices unnecessary.

[Citations omitted]